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## BIB DATA SHEET

CONFIRMATION NO. 9009

<b>SERIAL NUMBER</b> 10/656,945	<b>FILING or 371(c) DATE</b> 09/05/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3742	<b>ATTORNEY DOCKET NO.</b> 1001.1685101	
<b>APPLICANTS</b> Alan D. Eskuri, Hanover, MN; Dave B. Johnson, Hopkins, MN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/10/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /GEOFFREY 3742 S EVANS/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> CROMPTON, SEAGER & TUFTE, LLC 1221 NICOLLET AVENUE SUITE 800 MINNEAPOLIS, MN 55403-2420 UNITED STATES					
<b>TITLE</b> Elongated medical device for intracorporal use					
<b>FILING FEE RECEIVED</b> 1794	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		